

APPLICATION FOR A SOUTH DAKOTA POSTSECONDARY CREDENTIAL

Office of Certification, 700 Governors Drive, Pierre SD 57501-2291
 Telephone: (605) 773-3171

INSTRUCTIONS TO APPLICANT: After completing the information below, including notarized teacher's oath (only first time applicants must complete Part III):

- CHECK ONE:** ☐ (2-year (\$30)) ☐ (5-year (\$30)) ☐ (5-year renewal (\$30))
Enclose appropriate amount - Money Order preferred (make payment payable to the Dept. of Education).
- Request OFFICIAL transcripts from all universities/colleges/technical institutes attended.
- Verification of Employment forms MUST be submitted for occupational work experience.
- Applicant Conduct Review Statement
- 5-YEAR RENEWAL applicants MUST submit a Master Record Form.

PART I

_____ Home: _____ Work: _____
 Social Security # _____ Date of Birth _____ Telephone # (both home and work) _____

_____ Last Name _____ First _____ Initial _____

_____ Street Address _____ City _____ State and Zip +4 _____

PART II

I hereby authorize the Department of Education to review and inspect court and law enforcement records maintained by any state or the federal government for the purpose of verifying the answer submitted above and specifically waive any privacy right or personal right to prior notice that may attach to these records

_____ Signature _____ Date _____

PART III – only first time applicants must complete Part III**(COMPLETE AND SIGN IN THE PRESENCE OF A NOTARY FOR INITIAL POSTSECONDARY CREDENTIAL)**

SDCL 13-31-6 requires citizenship and the signing of an oath of allegiance. Legal aliens employed by a postsecondary institute are not required to sign the oath but must forward proof of legal alien status if citizenship status has not been awarded.

State of _____ I do solemnly swear (or affirm) that I am a citizen of the United States and that I will
 County of _____ support the Constitution of the United States and the State of South Dakota and
 that the information contained in this application is true and correct to extent of
 my knowledge.

_____ Subscribed to and sworn before me this _____ day of _____ 20____
 Signature of Applicant _____

_____ My commission expires on _____
 Signature of Notary Public Official _____

PART IV

I request that a credential be issued to the following instructor in accordance with the regulations of the South Dakota Board of Education.

Name of Applicant _____ This instructor will instruct
 _____ at _____ Technical Institute.

Signed _____ Date _____
 Postsecondary Administrator

Signed _____ Date _____
 Local Credential Committee Chairperson/Facilitator

CODE LISTINGS

3500	Special Needs	6101	Collision Repair
5111	Ag Business	6102	Automotive Technology
5112	Horticulture	6104	Carpentry
5113	Turf Management	6105	Drafting
5114	Equine Science	6106	Electrical Construction & Maintenance
5115	Ag Production	6107	Electronics
5116	Bio Technology	6108	Graphic Communications
5117	Ranch Management	6109	Welding Technology
5211	Accounting	6111	Cook/Chef
5212	Banking/Financial Services	6113	Radio/TV/Production
5213	Business Management	6115	Aviation Technology
5214	Office Technology	6118	Heating/Refrigeration
5215	Computer Information Systems	6119	Powerline Construction & Maintenance
5216	Paralegal	6120	Building Maintenance
5217	Computer Software Specialist	6121	Diesel Technology
		6122	Cosmetology
		6126	Aviation – Ground Instruction
5302	Advertising Design	6130	Surgical Technician
5311	Marketing Management	6131	Medical Assistant
		6132	Dental Assistant
5711	Composition/Writing	6133	Dental Lab Technician
5720	Literature	6134	Medical Lab Technician
5730	Speech	6135	Human Services Technician
5800	Mathematics	6136	Home Health Aide
		6137	Law Enforcement
5910	Biology	6138	Aviation Electronics
		6139	Nuclear Medicine/Radiology Technician
5920	Chemistry	6140	Computer Assisted Drafting (CAD)
		6141	Computer Assisted Manufacturing (CAM)
5930	Physics	6142	Cardiovascular Technology
		6143	Physical Therapy Assistant
6040	Economics	6144	Mechanical Engineering Technology
		6145	Medical Transcription
6050	Sociology	6146	Occupational Therapy Assistant
		6147	Pharmacy Technician
6060	Psychology	6148	American Sign Language Technician
		6149	Disabilities Services Technician
		6150	Propane and Natural Gas Technician
		6151	Satellite Communications
		6152	Laser Optics
		6154	Practical Nursing
		6161	Civil Engineering Drafting
		6162	Technical Drafting
		6163	Phlebotomy
		6165	Computer Network Specialist
		6168	Computer Systems Technology
		6169	Fire Science
		6170	Certified Public Safety Telecommunication
		6171	Radiation Therapy
		6172	Cabinetmaking
		6173	Telecommunications
		6174	Supervisory Control & Data Acquisition
		6175	Health Unit Coordinator
		6176	Radiologic Technology
		6178	Robotics
		6179	Diagnostic Medical Sonography
		6180	Computer Network Technician

STATE OFFICE USE ONLY	
Cred #	
Issued	
Acad. Type	
Fee	
Exp. Date	
Signature	
Date	

